

PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
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NOV 07 2006
33402 7590 10/10/2006
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33402 7590 10/10/2006
LAW OFFICES OF MARK C. PICKERING
P.O. BOX 300
PETALUMA, CA 94953

11/08/2006 HGUTEMAR 00000020 10014287

01 FC:1501 1400.00 OP
 02 FC:8001 15.00 OP

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Robin L. King	(Depositor's name)
<i>Robin L. King</i>	(Signature)
November 3, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/014,287	11/09/2001	Ronald Pasqualini	072219-0261705 (P05090)	2344 <i>100-16401</i>

TITLE OF INVENTION: HIGH SPEED, UNIVERSAL POLARITY FULL ADDER WHICH CONSUMES MINIMAL POWER AND MINIMAL AREA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	01/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAI, TAN V	2193	708-702000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Mark C. Pickering</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NATIONAL SEMICONDUCTOR CORPORATION

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502305 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Mark C. Pickering

Date November 3, 2006

Typed or printed name Mark C. Pickering

Registration No. 36,239

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	6	Attorney Docket Number	100-16401 (P05090-F1)
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (check for \$1415)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final (Response)	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Certificate of Mailing
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Issue Fee Transmittal
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	PTOL-85 (copy)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Please charge any necessary fees or credit overpayment to Deposit Account No. 502305. A duplicate copy of this transmittal is attached for this purpose.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

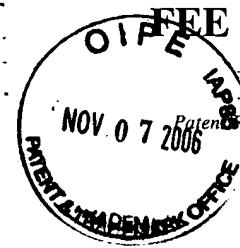
Firm or Individual name	Mark C. Pickering, Reg. No. 36,239
Signature	
Date	November 3, 2006

CERTIFICATE OF MAILING

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Typed or printed name	Robin L. King
Signature	
Date	November 3, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



FEET TRANSMITTAL

For FY 2006

Patent fees are subject to annual revision.

Complete if Known											
						Application Number		10/014,287			
						Filing Date		November 9, 2001			
						First Named Inventor		Ronald Pasqualini			
						Examiner Name		Tan V. Mai			
						Group Art Unit		2193			
TOTAL AMOUNT OF PAYMENT		\$1415									
METHOD OF PAYMENT (check one)											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees or credit any overpayment under 37 CFR 1.16 and 1.17 which may be required by this paper to Deposit Account No. 502305 LAW OFFICES OF MARK C. PICKERING											
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.											
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FEET CALCULATION											
1. FILING FEE/SEARCH FEE/EXAMINATION FEE											
LARGE ENTITY		SMALL ENTITY									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid						
1011/1111/1311	1000	2011/2111/2311	500	Utility							
1012/1112/1312	430	2012/2112/2312	215	Design							
1013/1113/1313	660	2013/2113/2313	330	Plant							
1014/1114/1314	1400	2014/2114/2314	700	Reissue							
1005	200	2005	100	Provisional							
				SUBTOTAL (1)	0						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE											
		Extra Claims	Fee from below	Fee Paid							
Total Claims	* - 20 **	= 0	x 50	= \$ 0							
Independent	* - 3	= 0	x 200	= \$ 0							
Multiple Dep.		*		= \$ 0							
<i>** or number previously paid, if greater; for Reissues, see below:</i>											
Large Entity		Small Entity									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description							
1202	50	2202	25	Claim in excess of 20							
1201	200	2201	100	Independent claims in excess of 3							
1203	360	2203	180	Multiple dependent claim, if not paid							
1204	200	2204	100	** Reissue ind. claims over original patent							
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent							
				SUBTOTAL (2)	\$0						
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SUBMITTED BY

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Date: 11-3-06

By: Mark C. Pickering
 Mark C. Pickering, Reg. No. 36,239